

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS  
REPORT☐NEW  
(N)**OR**☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2006

through

01

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

03

20

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		941820.56
(b) Cash on Hand at Beginning of Reporting Period .....	941820.56	
(c) Total Receipts (from Line 19) .....	23178.39	23178.39
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	964998.95	964998.95
7. Total Disbursements (from Line 31) .....	24763.40	24763.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	940235.55	940235.55
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M M  
0 1D D  
0 1Y Y Y Y  
2 0 0 6

To:

M M  
0 1D D  
3 1Y Y Y Y  
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	6447.70	6447.70
(i) Itemized (use Schedule A) .....	6403.90	6403.90
(ii) Unitemized .....	12851.60	12851.60
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	12851.60	12851.60
12. Transfers From Affiliated/Other Party Committees .....	10000.00	10000.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	326.79	326.79
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	23178.39	23178.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	23178.39	23178.39

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		263.40	263.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		263.40	263.40
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		24500.00	24500.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees .....		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		24763.40	24763.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		24763.40	24763.40

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	12851.60	12851.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12851.60	12851.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	263.40	263.40
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	263.40	263.40

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 20

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Bruce J. Rueben

Mailing Address 4885 Pheasant Court South

City State Zip Code  
Afton MN 55001-9415

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Minnesota Hospital Associ-  
ation

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 1 / 2 0 0 6

Transaction ID: 11854919

Amount of Each Receipt this Period

231.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Daniel McInerney, Jr.

Mailing Address 150 South Fifth Street  
Suite 2300

City State Zip Code  
Minneapolis MN 55402-4200

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Leonard, Street & Deinard,  
PA

Occupation  
Chair, Health Law Department

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 1 / 2 0 0 6

Transaction ID: 11854934

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark Sonneborn

Mailing Address 2550 University Avenue

City State Zip Code  
St. Paul MN 55114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Minnesota Hospital Associ-  
ation

Occupation  
Vice President of Information Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 1 / 2 0 0 6

Transaction ID: 11854918

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

781.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Ms. Marcella McKay

Full Name (Last, First, Middle Initial)

Mailing Address 322 Helmsley Drive

City State Zip Code  
 Brandon MS 39047-8159

FEC ID number of contributing federal political committee.

C

Name of Employer  
Mississippi Hospital AssociationOccupation  
President & CEO, MHA Health Foundation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 3 / 2 0 0 6

Transaction ID: 11865522

Amount of Each Receipt this Period

250.00

B. Mr. John P. McDaniel

Full Name (Last, First, Middle Initial)

Mailing Address Post Office Box 100

City State Zip Code  
 Highland MD 20777-0100

FEC ID number of contributing federal political committee.

C

Name of Employer  
MedStar HealthOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 5 / 2 0 0 6

Transaction ID: 11931589

Amount of Each Receipt this Period

500.00

C. Mr. Bruce D Cummings

Full Name (Last, First, Middle Initial)

Mailing Address 901 Pegnot Avenue

City State Zip Code  
 New Haven CT 06320

FEC ID number of contributing federal political committee.

C

Name of Employer  
Lawrence & Memorial HospitalOccupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 5 / 2 0 0 6

Transaction ID: 11930756

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David E Phelps

Mailing Address 725 North Street

City State Zip Code  
Pittsfield MA 01201-4124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Berkshire Health Systems,  
Inc.

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 0 6

Transaction ID: 11873608

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Peter E. Person, MD

Mailing Address 26 South 30th Avenue E.

City State Zip Code  
Duluth MN 55812-2330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Mary's Regional Health  
Center

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 0 6

Transaction ID: 11854937

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Delia O'Connor

Mailing Address 800 Washington Street

City State Zip Code  
Norwood MA 02062-3487

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Caritas Norwood Hospital

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 0 6

Transaction ID: 11873609

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. James A Cherveny

Mailing Address St. Mary's Medical Center  
407 E. Third St.

City Duluth State MN Zip Code 58805-1984

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Mary's Medical Center Occupation Executive Vice President and Chief Operating Officer

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	0	6

Transaction ID: 11854926

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Rocklon B. Chapin

Mailing Address 502 East Second Street

City Duluth State MN Zip Code 55805-1982

FEC ID number of contributing federal political committee. **C**

Name of Employer Miller-Dwan Medical Center Occupation Vice President & COO

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	0	6

Transaction ID: 11854925

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Craig N Melin

Mailing Address P O Box 5001

City Northampton State MA Zip Code 01061-5001

FEC ID number of contributing federal political committee. **C**

Name of Employer Cooley Dickinson Hospital Occupation President and Chief Executive Officer

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	0	6

Transaction ID: 11873618

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. James F Hanko

Mailing Address 3405 Riverside Dr. NE

City State Zip Code  
 Bemidji MN 56601-5310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Country Regional Ho-  
spital

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 6 / 2 0 0 6

Transaction ID: 11854929

Amount of Each Receipt this Period

416.70

Full Name (Last, First, Middle Initial)

B. Ms. Margaret Perryman

Mailing Address 200 East University Avenue

City State Zip Code  
 Saint Paul MN 55101-2598

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gillette Children's Speci-  
alty Healthca

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 6 / 2 0 0 6

Transaction ID: 11854936

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Lawrence J Massa

Mailing Address 301 Becker Avenue SW

City State Zip Code  
 Willmar MN 56201-3395

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rice Memorial Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 0 6 / 2 0 0 6

Transaction ID: 11854933

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

916.70

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. George Gerlach  
Mailing Address 345 Tenth Avenue

City State Zip Code  
Granite Falls MN 56241-1499

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Granite Falls Municipal  
Hospital and M

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 0 6

Transaction ID: 11854928

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Helen Downey  
Mailing Address 725 North Street

City State Zip Code  
Pittsfield MA 01201-4109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Berkshire Medical Center

Occupation  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 0 6

Transaction ID: 11873617

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. David Vandeventer  
Mailing Address 3840 West 9th Street

City State Zip Code  
Waterloo IA 50702-5914

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Minnesota Hospital Associ-  
ation

Occupation  
Director of Business Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 0 6

Transaction ID: 11854938

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Mr. Perry Hanson  
Mailing Address 1660 S. Highway

City State Zip Code  
Minneapolis MN 55416

FEC ID number of contributing federal political committee.

C

Name of Employer  
Partners Healthcare Consulting, Inc.Occupation  
Principal and Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 0 6

Transaction ID: 11854930

Amount of Each Receipt this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Walter Ettinger, M.D.  
Mailing Address 119 Belmont Street

City State Zip Code  
Worcester MA 01605-2903

FEC ID number of contributing federal political committee.

C

Name of Employer  
UMass Memorial Medical CenterOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 0 6

Transaction ID: 11873611

Amount of Each Receipt this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Harlan Hallquist  
Mailing Address 9855 West 78th Street  
Suite 270

City State Zip Code  
Eden Prairie MN 55344-8002

FEC ID number of contributing federal political committee.

C

Name of Employer  
J.E. Dunn Construction CompanyOccupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 0 6

Transaction ID: 11856390

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

750.00

TOTAL This Period (last page this line number only) ▶

6447.70

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 20

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Health Alliance of PA PAC - Federal

Mailing Address Post Office Box 8600

City State Zip Code  
Harrisburg PA 17105-8600

FEC ID number of contributing  
federal political committee. **C** C00128082

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 0 6

Transaction ID: 12022270

Amount of Each Receipt this Period

10000.00

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

10000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 20

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

**A.**

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

326.79

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 0 6

Transaction ID: 12005852

Amount of Each Receipt this Period

326.79

Bank Interest Received

**SUBTOTAL** of Receipts This Page (optional) .....

326.79

**TOTAL** This Period (last page this line number only) .....

326.79

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Linder For Congress

Mailing Address P. O. Box 4026

City Duluth State GA Zip Code 30096

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. John Linder

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 7

Transaction ID: 11857799

Date of Disbursement

01 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** John Sullivan For Congress Inc

Mailing Address Post Office Box 470840

City Tulsa State OK Zip Code 74147

Purpose of Disbursement

Candidate Name  
Rep. John Sullivan

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OK District: 1

Transaction ID: 11857796

Date of Disbursement

01 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C.** Friends Of Jim Marshall

Mailing Address PO Box 125

City Macon State GA Zip Code 31201

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Jim Marshall

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 3

Transaction ID: 11857798

Date of Disbursement

01 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Carnahan In Congress

Mailing Address 7370 Manchester Rd Ste 20

City State Zip Code  
St. Louis MO 63143

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Russ Carnahan

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MO District: 3

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 11937647

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 1 1 / 2 0 0 6

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** ERIC PAC-Every Republican is Crucial PAC

Mailing Address 209 Pennsylvania Avenue SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
2006 Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 11937645

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 1 1 / 2 0 0 6

Amount of Each Disbursement this Period

5000.00

2006 Contribution

Full Name (Last, First, Middle Initial)

**C.** LEAD PAC (Leadership for America's Future)

Mailing Address 228 Washington Street  
Suite 115

City State Zip Code  
Alexandria VA 22314

Purpose of Disbursement  
2006 Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 11937671

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 1 / 1 1 / 2 0 0 6

Amount of Each Disbursement this Period

1000.00

2006 Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 20

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Northup For Congress

Mailing Address PO Box 7313

City  
Louisville

State  
KY

Zip Code  
40257

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Anne M. Northup

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 3

Transaction ID: 11937654

Date of Disbursement

01 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.** Freedom Fund

Mailing Address 128 N. Columbus Street

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
2006 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 11937652

Date of Disbursement

01 / 12 / 2006

Amount of Each Disbursement this Period

2500.00

2006 Contribution

Full Name (Last, First, Middle Initial)

**C.** Republican Majority Fund

Mailing Address P.O. Box 1550

City  
Ponca City

State  
OK

Zip Code  
74602

Purpose of Disbursement  
2006 Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 11937657

Date of Disbursement

01 / 20 / 2006

Amount of Each Disbursement this Period

2000.00

2006 Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** Gordon Smith for U.S. Senate

Mailing Address 5285 SW Meadows Road, Suite 181

City Lake Oswego State OR Zip Code 97035

Purpose of Disbursement  
2008 Contribution

Candidate Name  
Sen. Gordon Smith

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 2

Transaction ID: 11937660

Date of Disbursement

01 / 20 / 2006

Amount of Each Disbursement this Period

500.00

2008 Contribution

Full Name (Last, First, Middle Initial)

**B.** Gordon Smith for U.S. Senate

Mailing Address 5285 SW Meadows Road, Suite 181

City Lake Oswego State OR Zip Code 97035

Purpose of Disbursement  
2008 Contribution

Candidate Name  
Sen. Gordon Smith

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 2

Transaction ID: 11937666

Date of Disbursement

01 / 20 / 2006

Amount of Each Disbursement this Period

1500.00

2008 Contribution

Full Name (Last, First, Middle Initial)

**C.** Boyd For Congress

Mailing Address P.O. Box 15703

City Tallahassee State FL Zip Code 32317

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Allen Boyd

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 2

Transaction ID: 11937663

Date of Disbursement

01 / 20 / 2006

Amount of Each Disbursement this Period

2500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

## **A. White Mountain PAC**

Mailing Address P.O. Box 1772

City  
Concord

State  
NH

Zip Code  
03302

Purpose of Disbursement  
2006 Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 11937655

Date of Disbursement

01 / 20 / 2006

Amount of Each Disbursement this Period

2000.00

2006 Contribution

Full Name (Last, First, Middle Initial)

## **B. Weldon Victory Committee**

Mailing Address P. O. Box 1992

City  
Media

State  
PA

Zip Code  
19063

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Curt Weldon

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 7

Disbursement For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 12026828

Date of Disbursement

01 / 24 / 2006

Amount of Each Disbursement this Period

3500.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. Mike Crapo For Us Senate**

Mailing Address PO Box 1948

City  
Boise

State  
ID

Zip Code  
83701

Purpose of Disbursement  
Void of 12/15/2005 Contribution

Candidate Name  
Sen. Mike Crapo

011

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: ID District: 2

Disbursement For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 12002767

Date of Disbursement

01 / 31 / 2006

Amount of Each Disbursement this Period

-2000.00

Void of 12/15/2005 Contribution

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A.** John Sullivan For Congress Inc

Mailing Address Post Office Box 470840

City  
Tulsa

State  
OK

Zip Code  
74147

Purpose of Disbursement  
Void of 11/02/2005 Contribution

Candidate Name  
Rep. John Sullivan

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OK

District: 1

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 12026829

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	6

Amount of Each Disbursement this Period

-1000.00

011  
Category/  
Type

Void of 11/02/2005 Contri-  
bution

**SUBTOTAL** of Disbursements This Page (optional) .....

-1000.00

**TOTAL** This Period (last page this line number only) .....

24500.00